

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS CONSERVATION  
POST OFFICE BOX 2244  
FRANKFORT, KY 40601-2244  
PHONE: 502-573-0147

FOR OFFICE USE ONLY

RECORD NO. \_\_\_\_\_

FEE: \_\_\_\_\_

APPLICATION FOR TESTING PERMIT

APPLICANT NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

ADDRESS FOR MAILING PERMIT: \_\_\_\_\_

IDENTIFICATION OF WELL TO BE TESTED:

PERMIT #: \_\_\_\_\_ COUNTY: \_\_\_\_\_ WELL #: \_\_\_\_\_  
MINERAL OWNER: \_\_\_\_\_

CARTER COORDINATES: \_\_\_\_\_ FNL \_\_\_\_\_ FEL \_\_\_\_\_  
FSL \_\_\_\_\_ FWL, SEC \_\_\_\_\_ LTR \_\_\_\_\_ NUMBER \_\_\_\_\_

IS THERE A COMPLETE SEVERANCE OF THE OWNERSHIP OF THE OIL AND GAS FROM THE OWNERSHIP OF  
THE SURFACE AREA TO BE DISTURBED BY THE INVESTIGATION? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(IF YES, THEN THE APPLICANT MUST FULFILL THE REQUIREMENTS OF 805 KAR 1:170.)

BY WHAT RIGHT DO YOU HAVE TO ENTER THE PROPERTY UPON WHICH THIS WELL IS LOCATED?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE METHODS FOR INVESTIGATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE APPLICANT ACKNOWLEDGES OTHER LOCAL, STATE AND FEDERAL LAWS MAY APPLY TO THE TESTING  
OF THIS WELL.

THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THE FOREGOING FACTS GIVEN IN THIS APPLICATION  
ARE TRUE AS THEREIN SET FORTH. DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

IF A CORPORATION, SIGNATORY MUST BE AN OFFICER OF THE COMPANY OR PROVIDE POWER OF ATTORNEY TO  
EXECUTE DOCUMENTS. IF A PRIVATE INDIVIDUAL, SIGNATORY MUST BE SAME OR PROVIDE POWER OF ATTORNEY TO  
EXECUTE DOCUMENTS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT OR TYPE NAME OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

MY COMMISSION EXPIRES: \_\_\_\_\_, \_\_\_\_\_  
NOTARY PUBLIC

THIS PERMIT DOES NOT AUTHORIZE ANY DRILLING.